



2023 Lodi Kids Camp Parks and Recreation



Name: _____ has my permission to participate in the field trip. YES _____ NO _____
Site: _____ is planning a field trip to _____
on _____ from _____ p.m. to _____ p.m.

YOUR SON/DAUGHTER WILL BE TRANSPORTED BY:

Walking Private Vehicle ASP Van Commercial Transport

Parent/Guardian: PLEASE INITIAL THE STATEMENT BELOW:

_____ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the City of Lodi, Summer Safari Program, to make arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child, as he/she considers necessary. In the event said physician is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian: PLEASE PROVIDE THE FOLLOWING INFORMATION IN THE EVENT OF AN EMERGENCY OR ACCIDENT:

Physician's Name _____ Phone Number _____
Health Insurance Provider _____ Group I.D. Number _____

Please indicate any physical /medical problems to be considered or necessary for medical treatment:

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS THAT ARE INCURRED AS A RESULT OF AN ACCIDENT OR EMERGENCY:

X _____ Date _____
(Parent/Guardian Signature)

Liability Release: As the parent or guardian of a minor child (hereafter "my child") participating in activities of the City of Lodi, I hereby waive and release any claims I or my child may have now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to as "the City") arising from injuries to my child or damages to my child's property, sustained while my child is (1) participating in the City's activities or (2) being transported to activities or facilities, regardless of whether such injuries or property damage is caused in whole or in part by the City's alleged active or passive negligence. As lawful consideration for my child being permitted to participate in this activity, my child and I agree to release City from legal or medical liability and agree not to sue the City of Lodi.

I understand that the activities may involve risk of serious injury including permanent injury and death. This waiver and release shall be valid for the duration of the activities in which my child participates and/or sessions in which my child is enrolled. I have carefully read this waiver and release and agree to the terms stated and understand that this contract is legally binding and that my child and I are releasing legal rights by signing it. I certify that I am the parent or legal guarding of the child whose name is listed above.

Print name of Parent/Guardian

Signature

Date



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